

## UTILITY PATENT APPLICATION TRANSMITTAL

		T0	
Attorney Docket No.	03500.017598.	13 <sub>T</sub>	
First Name	d Inventor or Application Identifier	.s 574	
TOMOTOSHI KANATSU		4 L	
Express Mail Label No.		215	
			- A - A -

O(Only for new nonprovisional applications under 37 CFR 1.53(b))		TOMOTOSHI	TOMOTOSHI KANATSU		4	
		Express Mail I	Express Mail Label No.		<u> </u>	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.			ESS TO:	Box Paten	oner for Patents t Application on, DC 20231	
Fee Transmittal Form     (Submit an original, and a duplicate for fee presented in the control of the cont	7.	Γ-1				
2. Applicant claims small entity status. See 37 CFR 1.27.			Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)			
3. X Specification Total Page				Form (CRF)		
4. X Drawing(s) (35 USC 113) Total Shi	(35 USC 113) Total Sheets 23		b. Specification Sequence Listing on:			
5. X Oath or Declaration Total Page	i. CD-ROM or CD-R (2 copies); or li. paper			z copies), oi		
a. X Newly executed (original or copy)				statements verifying	g identity of above copies	
		[	ACCOM	PANYING APPLIC	ATION PARTS	
b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)		9. X		Papers (cover sheet		
i. DELETION OF INVENTOR(S)		10.		(b) Statement is an assignee)	Power of Attorney	
Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).			11. English Translation Document (if applicable)			
6. X Application Data Sheet. See 37 CFR 1.76			12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations			
13. Preliminary Amendment						
	14. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)					
i				15. Certified Copy of Priority Document(s) (if foreign priority is claimed)		
•		16.	Other:			
17. If a CONTINUING APPLICATION, check app	propriate box and si	upply the requisite	information:			
Continuation Divisional Continuation-in-part (CIP) of prior application No/						
Prior application information: Examiner Group/Art Unit:						
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only						
be relied upon when a portion has been inadvertently omitted from the submitted application parts.  18. CORRESPONDENCE ADDRESS						
	16. CURRE	05514	VE30			
X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below						
NAME						
		<del></del>				
Address	Address					
City	State			Zip Code		
Country	Telephone			Fax		



CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	24-20 =	4	X \$ 18.00 =	\$72.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	4-3 =	1	X \$ 84.00 =	\$84.00
	MULTIPLE DEPENDEN	Γ CLAIMS (if applicable) (37	CFR 1.16(d))	\$280.00 =	\$0
				BASIC FE (37 CFR 1.16	
			Total of	above Calculation	s = \$906.00
	Reduction by	50% for filing by small er	tity (Note 37 CFR 1.9, 1	.27, 1.28).	\$0
				TOTA	_ = \$906.00
b.	A small er	ntity statement was filed in	n the prior nonprovision	al application and	such status is still nrone
	<u></u>				don status to dan propor
c.	<u></u>	er claimed.	over the filing fee is encl		adir didido lo dilli propor
c. 20. [2 21. [2	Is no long  A check in the amo  A check in the amo	er claimed.  Sount of $$906.00$ to control $$40.00$ to control $$40.00$	over the filing fee is enclower the recordal fee is e	osed. enclosed.	
c. 20. [2 21. [2	Is no long  A check in the amount  A check in the amount  Commissioner is hereb  0. 06-1205:	er claimed.  ount of \$ 906.00 to count of \$ 40.00 to count of \$ 40.00 to count of \$ 40.00 to count over the count of \$ 40.00 to count over the count of \$ 40.00 to count over the count of \$ 40.00 to count out the count out t	over the filing fee is enclower the recordal fee is e	osed. enclosed.	
c. 20. [2 21. [2	Is no long  A check in the amount  A check in the amount  Commissioner is hereb  0. 06-1205:	er claimed.  Sount of $$906.00$ to control $$40.00$ to control $$40.00$	over the filing fee is enclower the recordal fee is e	osed. enclosed.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
NAME	LEONARD P. DIANA (Reg. No. 29,296)		
SIGNATURE	Trough P. Diana		
DATE	September 22, 2003		

Form #125

NY\_MAIN 377510v1